

Declaration, Power Of Attorney and Petition

WE (I) the undersigned inventor(s), hereby declare(s) that :

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of which

- ☐ is attached hereto.
- ☐ was filed on
as Application Serial No.
and amended on
- ☒ was filed as PCT international application
Number PCT/FR03/02947
on 07 october 2003
and was amended under PCT Article 19
on

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application (s)

Application No.	Country	Day/month/Year	Priority Claimed	
02 12467	FRANCE	08 october 2002	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

We (I) hereby claim the benefit under Title 35, United States Code, § 119 (e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

We (I) hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in these prior United States application(s) in the manner provided by 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application.

Application Serial No.

Filing Date

Status (pending, patented,
abandoned)

I hereby appoint practitioners associated with Customer Number: 46,188 as attorneys of record with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. If this application is assigned by me I agree and understand that the above-named attorneys will represent the assignee and not me.

Please send all correspondence and direct all telephone calls to:
Customer Number 46,188

We (I) undersigned declare that all statements made herein of my(our) own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and such wilful false statements may jeopardize the validity of the application or any patent issuing therefrom.

HUBINOIS Jean-Charles

NAME OF FIRST SOLE INVENTOR

Signature of Inventor

January 10, 2006

Date

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NAME OF SECOND INVENTOR


Signature of Inventor

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NAME OF THIRD INVENTOR


Signature of Inventor

January 10, 2006

Date

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NAME OF FOURTH INVENTOR

Signature of Inventor

Date

Residence : _____

Citizen of : _____

Post Office Address : The same as residence

NAME OF FIFTH INVENTOR

Signature of Inventor

Date

Residence : _____

Citizen of : _____

Post Office Address : The same as residence

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